Element Name: **Voucher Branch of Service (0-082)**

Validity Edits

0-082-01   MUST BE = '01', '02', '03', '05', '10, ' 21', '22', '23', '25', '61', '62', '63', '65', '71', '72', '73', OR |
BLANK.

Relational Edits

Related to Element	**Edited Element Relationship**	**Also Relates to Element(s)**
0-082-02R RECORD TYPE	NON-BLANK **WHEN** RECORD TYPE = '5'	
	BLANK **WHEN** RECORD TYPE = '0'	

Element Name: **Voucher Fiscal Year (0-085)**

Validity Edits

0-085-01   MUST BE NUMERIC.

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
0-085-02R	RECORD TYPE	ZERO **WHEN** RECORD TYPE = '0'	
0-085-03R	PERIOD END DATE	FISCAL YEAR = **WHEN**. RECORD TYPE= '5'	RECORD TYPE

Element Name: **Sponsor Branch of Service (1-055)**

Validity Edits

01-055-01   MUST BE A, E, F, I, M, N, P, **OR** C (SEE THE ADP MANUAL, CHAPTER 2)

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
PROGRAM INDICATOR	SEE BELOW	
VOUCHER BRANCH OF SERVICE[1]	SEE BELOW	

Edited Element Relationship

1-055-02R   IF PROGRAM INDICATOR = 'H' (PROGRAM FOR PERSONS WITH DISABILITIES), SPONSOR BRANCH OF SERVICE MUST **NOT** BE 'C' (CHAMPVA).

1-055-03R   IF VOUCHER BRANCH OF SERVICE

01	ARMY
02	AIR FORCE
03	MARINE CORPS/NAVY
21	ACTIVE DUTY ARMY
22	ACTIVE DUTY AIR FORCE
23	ACTIVE DUTY MARINE CORPS/NAVY
61	*TRICARE SENIOR PRIME - ARMY*
62	*TRICARE SENIOR PRIME - AIR FORCE*
63	*TRICARE SENIOR PRIME - MARINE CORPS/NAVY*
71	ARMY - DIRECT PAY
72	AIR FORCE - DIRECT PAY
73	MARINE CORPS/NAVY - DIRECT PAY

SPONSOR BRANCH OF SERVICE MUST BE

A	ARMY
F	AIR FORCE
M	MARINES
N	NAVY

IF VOUCHER BRANCH OF SERVICE =

05	NON-DOD
25	ACTIVE DUTY NON-DOD
65	*TRICARE SENIOR PRIME - NON-DOD*

SPONSOR BRANCH OF SERVICE MUST BE

C	CHAMPVA
E	PUBLIC HEALTH SERVICE
I	NOAA
P	COAST GUARD

IF VOUCHER BRANCH OF SERVICE

10	CONTINUED HEALTH CARE BENEFIT PROGRAM

SPONSOR BRANCH OF SERVICE MUST BE

A	ARMY
F	AIR FORCE
M	MARINES
N	NAVY
E	PUBLIC HEALTH SERVICE

[1]   **BATCH/VOUCHER HEADER**

Element Name: **Sponsor Branch of Service (1-055) (Continued)**

<div style="text-align:center">

I   NOAA

P   COAST GUARD

</div>

[1]   *BATCH/VOUCHER HEADER*

Element Name: **Sponsor Status (1-065)**

Validity Edits

1-065-01   MUST BE ANY VALUE LISTED FOR THIS ELEMENT IN THE ADP MANUAL. CHAPTER 2

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
TYPE OF SUBMISSION	SEE BELOW	
PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	DISCHARGE STATUS
DEERS *FAMILY MEMBER* SUFFIX	SEE BELOW	DISCHARGE STATUS
PROGRAM INDICATOR	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	
OVERRIDE CODE	SEE BELOW	
BILL CLASSIFICATION CODE	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
1-197-19R SPECIAL PROCESSING CODE	PATIENT RELATIONSHIP TO SPONSOR	

Edited Element Relationship

1-065-02R   IF TYPE OF SUBMISSION

    A   ADJUSTMENT
    I   INITIAL
    R   RESUBMISSION
    O   ZERO PAYMENT
    B   ADJUSTMENT TO NON-HCSR DATA
    F   ADJUSTMENT HCSR NEW SUFFIX
    G   ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0

SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE DUTY, TAMP DESIGNEE. RETIRED, **OR** DECEASED. **OR** OTHER

IF TYPE OF SUBMISSION

    G   (ADDITIONAL DRG INTERIM BILLING) WITH AMOUNT ALLOWED = 0
    D   DENIAL
    C   COMPLETE CANCELLATION
    E   CANCELLATION OF NON-HCSR DATA

SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE DUTY, TAMP DESIGNEE. RETIRED, DECEASED, **OR** OTHER.

1-065-03R   IF PATIENT RELATIONSHIP TO SPONSOR = 'U' (SPONSOR)
    SPONSOR STATUS MUST NOT BE ANY VALUE LISTED UNDER ACTIVE UNLESS ENROLLMENT STATUS = Y. W. X. OR AA

1-065-04R   IF DEERS *FAMILY MEMBER* SUFFIX = '20' (SPONSOR)
    SPONSOR STATUS MUST NOT BE ANY VALUE LISTED UNDER ACTIVE UNLESS ENROLLMENT STATUS = Y. W. X. OR AA

1-065-05R   IF PROGRAM INDICATOR = 'H' (PROGRAM FOR PERSONS WITH DISABILITIES)
    SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE. EXCEPT FOR 'T' (FOREIGN MILITARY)

1-065-06R   IF SPONSOR BRANCH OF SERVICE = 'C' (CHAMPVA)
    SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER RETIRED **OR** DECEASED

1-065-07R   IF ANY OCCURRENCE OF OVERRIDE CODE = 'J' (SUCCESSIVE ADMISSION)
    SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE

Element Name: **Sponsor Status (1-065) (Continued)**

1-065-08R   IF BILL CLASSIFICATION CODE = '1' (INPATIENT)
SPONSOR STATUS MUST **NOT** = 'T' (FOREIGN MILITARY)

1-065-09R   IF PATIENT RELATIONSHIP TO SPONSOR = 'ⱴ'
SPONSOR STATUS MUST **NOT** BE ANY VALUE LISTED UNDER DECEASED **UNLESS**
DISCHARGE STATUS = '20' (EXPIRED)

1-065-10R   IF DEERS *FAMILY MEMBER* SUFFIX = '20'
SPONSOR STATUS MUST **NOT** BE ANY VALUE LISTED UNDER DECEASED **UNLESS**
DISCHARGE STATUS = '20' (EXPIRED)

Element Name: **Patient Relationship to Sponsor (1-070)**

Validity Edits

1-070-01   MUST BE ONE OF THE VALUES LISTED FOR THIS ELEMENT IN THE ADP Manual, Chapter 2

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
	TYPE OF SUBMISSION	SEE BELOW	
	PATIENT DATE OF BIRTH	SEE BELOW	OVERRIDE CODE, SPONSOR BRANCH OF SERVICE
	DEERS *FAMILY MEMBER* SUFFIX	SEE BELOW	
1-065-03R AND 1-065-09R	SPONSOR STATUS		DISCHARGE STATUS
	PROGRAM INDICATOR	SEE BELOW	
	SPONSOR BRANCH OF SERVICE	SEE BELOW	
	OVERRIDE CODE	SEE BELOW	
	NAS EXCEPTION REASON	SEE BELOW	
1-197-19R	SPECIAL PROCESSING CODE	PATIENT RELATIONSHIP TO SPONSOR	

Edited Element Relationship

1-070-2R   IF TYPE OF SUBMISSION

         A   ADJUSTMENT
         I   INITIAL
         R   RESUBMISSION
         O   ZERO PAYMENT
         B   ADJUSTMENT TO NON-HCSR DATA
         F   ADJUSTMENT HCSR NEW SUFFIX
         G   ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0

    PATIENT RELATIONSHIP TO SPONSOR MUST BE

         ⱨ   SPONSOR
         C   CHILD
         S   SPOUSE
         F   UNREMARRIED WIDOW(ER)
         G   UNMARRIED WIDOW(ER)
         T   UNREMARRIED FORMER SPOUSE
         V   STEPCHILD
         W   WARD OF COURT
         X   OTHER, GOOD FAITH
         H   UNMARRIED FORMER SPOUSE
         R   UNREMARRIED FORMER SPOUSE
         Y   UNREMARRIED FORMER SPOUSE

    IF TYPE OF SUBMISSION   D   DENIAL
         C   COMPLETE CANCELLATION

---

[1]   *PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.*

Element Name: **Patient Relationship to Sponsor (1-070) (Continued)**

        E   CANCELLATION TO NON-HCSR DATA

        G   ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED = 0

PATIENT RELATIONSHIP TO SPONSOR MUST BE ONE OF THE VALUES LISTED IN THE ADP MANUAL, CHAPTER 2

1-070-3R   IF PATIENT DATE OF BIRTH INDICATES AGE[1] < 17
PATIENT RELATIONSHIP MUST NOT BE = 'ḃ' (SPONSOR)

1-070-4R   IF PATIENT DATE OF BIRTH INDICATES AGE[1] ≥ 21 AND SPONSOR BRANCH OF SERVICE ≠ 'C' (CHAMPVA),
PATIENT RELATIONSHIP MUST NOT BE = 'C' (CHILD) **OR** 'V' (STEPCHILD) **UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'D'.

IF PATIENT DATE OF BIRTH INDICATES AGE[1] ≥ 18 AND SPONSOR BRANCH OF SERVICE = 'C' (CHAMPVA),
PATIENT RELATIONSHIP MUST NOT BE = 'C' (CHILD) **OR** 'V' (STEPCHILD) **UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'D'.

1-070-05R   IF PATIENT DATE OF BIRTH INDICATES AGE[1] < 12

PATIENT RELATIONSHIP
MUST NOT BE   S   SPOUSE

        F   UNREMARRIED WIDOW(ER)

        G   UNMARRIED WIDOW(ER)

UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'B'.

IF PATIENT DATE OF BIRTH INDICATES AGE[1] < 34
PATIENT RELATIONSHIP MUST NOT BE = 'T', 'H', 'R' **OR** 'Y' (FORMER SPOUSE) **UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'I'.

1-070-06R   IF DEERS *FAMILY MEMBER* SUFFIX = '20' (SPONSOR)
PATIENT RELATIONSHIP MUST BE = 'ḃ'

IF DEERS *FAMILY MEMBER* SUFFIX = '01' - '19' (CHILD)
PATIENT RELATIONSHIP MUST BE = 'C' **OR** 'V'

IF DEERS *FAMILY MEMBER* SUFFIX = '30' - '39' (SPOUSE)
PATIENT RELATIONSHIP MUST BE = 'S', 'F', 'G', 'H', 'R', 'T' **OR** 'Y'.

1-070-07R   IF SPONSOR STATUS = 'T' (FOREIGN MILITARY)

PATIENT RELATIONSHIP TO
SPONSOR MUST BE   C   CHILD

        F   UNREMARRIED WIDOW(ER)

        G   UNMARRIED WIDOW(ER)

        S   SPOUSE

        V   STEPCHILD

1-070-08R   IF PROGRAM INDICATOR   H   PROGRAM FOR PERSONS WITH DISABILITIES

PATIENT RELATIONSHIP TO
SPONSOR MUST BE   C   CHILD

        F   UNREMARRIED WIDOW(ER)

        G   UNMARRIED WIDOW(ER)

        S   SPOUSE

        V   STEPCHILD

---

[1]   *PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.*

Element Name: **Patient Relationship to Sponsor (1-070) (Continued)**

1-070-09R	IF SPONSOR BRANCH OF SERVICE	C	CHAMPVA
	PATIENT RELATIONSHIP TO SPONSOR MUST BE	C	CHILD
		F	UNREMARRIED WIDOW(ER)
		G	UNMARRIED WIDOW(ER)
		S	SPOUSE
		T	UNREMARRIED FORMER SPOUSE
		V	STEPCHILD
		X	OTHER
1-070-10R	IF ANY OCCURRENCE OF OVERRIDE CODE	J	SUCCESSIVE ADMISSION
	PATIENT RELATIONSHIP TO SPONSOR MUST BE	C	CHILD
		F	UNREMARRIED WIDOW(ER)
		G	UNMARRIED WIDOW(ER)
		S	SPOUSE
		T	UNREMARRIED FORMER SPOUSE
		V	STEPCHILD
		X	OTHER
		H	UNMARRIED FORMER SPOUSE
		R	UNREMARRIED FORMER SPOUSE
		Y	UNREMARRIED FORMER SPOUSE
		⌀	SPONSOR
	UNLESS SPONSOR STATUS	P	TAMP DESIGNEE
1-070-13R	IF NAS EXCEPTION REASON	A	ROUTINE NEWBORN CARE
	PATIENT RELATIONSHIP	C	CHILD

[1] *PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.*

Element Name: **Patient Name (1-075)**

Validity Edits

1-075-01   MUST BE AT LEAST 1 CHARACTER (LEFT-JUSTIFIED) FOLLOWED BY A COMMA

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
NONE		

Element Name: **Patient SSN (1-080)**

Validity Edits

1-080-01   MUST BE 9 NUMERIC DIGITS (IF PRESENT) <u>OR</u> <u>**ALL BLANKS**</u>. CANNOT BE ALL ZEROES <u>OR</u> ALL NINES

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
NONE		

Element Name: **Patient Date of Birth (1-085)**

Validity Edits

1-085-01   MUST BE A VALID GREGORIAN DATE

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
1-085-02R	SYSTEM RUN DATE	MUST BE 125 <u>OR</u> LESS YEARS PRIOR TO RUN DATE	
1-085-03R	BEGIN DATE OF CARE	≤	
1-085-06R	ADMISSION DATE	≤	
[1]	PRINCIPAL TREATMENT DIAGNOSIS	USE ICD-9-CM TAPE	
[1]	SECONDARY TREATMENT DIAGNOSIS	USE ICD-9-CM TAPE	
	NAS EXCEPTION REASON	SEE BELOW	

Edited Element Relationship

1-085-07R   IF NAS EXCEPTION REASON = 'A'
             PATIENT DATE OF BIRTH MUST EQUAL ADMISSION DATE (NEWBORN)

[1] SEE 1-315-05R, 1-320-5R, 1-325-05R, 1-330-05R, AND 1-335-05R

Element Name: **DEERS** *Family Member* **Suffix (1-090)** |

Validity Edits

1-090-01   MUST BE ONE OF THE VALUES LISTED FOR THIS ELEMENT IN THE ADP MANUAL, CHAPTER 2.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
TYPE OF SUBMISSION	SEE BELOW	
PATIENT DATE BIRTH	SEE BELOW	OVERRIDE CODE, SPONSOR BRANCH OF SERVICE
PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	
1-065-04R AND 1-065-10R SPONSOR STATUS		DISCHARGE STATUS
PROGRAM INDICATOR	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	

Edited Element Relationship

1-090-02R   IF TYPE OF SUBMISSION

	A	ADJUSTMENT
	I	INITIAL
	R	RESUBMISSION
	O	ZERO PAYMENT
	B	ADJUSTMENT TO NON-HCSR DATA
	F	ADJUSTMENT HCSR NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0

DEERS *FAMILY MEMBER* SUFFIX
MUST BE |

01-19	CHILDREN
20	SPONSOR
30-39	SPOUSE
60-69	OTHER ELIGIBLE *FAMILY MEMBERS*
70-74	UNKNOWN

IF TYPE OF SUBMISSION

	G	ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED = 0
	D	DENIAL
	C	COMPLETE CANCELLATION
	E	CANCELLATION TO NON-HCSR DATA

DEERS *FAMILY MEMBER* SUFFIX MUST BE ONE OF THE VALUES LISTED IN THE ADP MANUAL, CHAPTER 2. |

1-090-03R   IF PATIENT DATE OF BIRTH INDICATES AGE[1] < 17
               DEERS *FAMILY MEMBER* SUFFIX MUST NOT BE = '20' (SPONSOR) |

[1]   *PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.*

Element Name: DEERS *Family Member* Suffix (1-090) (Continued)

1-090-04R IF PATIENT DATE OF BIRTH INDICATES AGE[1] ≥ 21 AND SPONSOR BRANCH OF SERVICE ≠ 'C' (CHAMPVA)

DEERS *FAMILY MEMBER* SUFFIX MUST NOT BE = '01' - '19' (CHILDREN) **UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'D'.

IF PATIENT DATE OF BIRTH INDICATES AGE[1] ≥ 18 AND SPONSOR BRANCH OF SERVICE = 'C' (CHAMPVA)

DEERS *FAMILY MEMBER* SUFFIX MUST NOT BE = '01' - '19' (CHILDREN) **UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'D'.

1-090-05R IF PATIENT DATE OF BIRTH INDICATES AGE[1] < 12

DEERS *FAMILY MEMBER* SUFFIX MUST NOT BE = '30' - '39' (SPOUSE) **UNLESS** ONE OCCURRENCE OF OVERRIDE CODE = 'B'.

1-090-06R DEERS *FAMILY MEMBER* SUFFIX MUST = '20' (SPONSOR)

IF PATIENT RELATIONSHIP = 'b'.

DEERS *FAMILY MEMBER* SUFFIX
MUST BE

01-19	CHILDREN
70-75	UNKNOWN

IF PATIENT RELATIONSHIP = 'C' **OR** 'V'

DEERS *FAMILY MEMBER* SUFFIX MUST = '30' - '39' (SPOUSE)
IF PATIENT RELATIONSHIP = 'S', 'F', **OR** 'G'
UNLESS TYPE OF SUBMISSION = 'D' (COMPLETE CONTRACTOR DENIAL)
THEN DEERS *FAMILY MEMBER* SUFFIX CAN = '70' - '75' (UNKNOWN).

DEERS *FAMILY MEMBER* SUFFIX
MUST BE

30-39	SPOUSE
60-69	OTHER ELIGIBLE *FAMILY MEMBERS*

IF PATIENT RELATIONSHIP = 'T', 'H', 'R' **OR** 'Y' (FORMER SPOUSE).

1-090-07R IF SPONSOR STATUS   T   FOREIGN MILITARY

DEERS *FAMILY MEMBER*
SUFFIX MUST BE

01-19	CHILDREN
30-39	SPOUSE

1-090-08R IF PROGRAM INDICATOR   H   PROGRAM FOR PERSONS WITH DISABILITIES

DEERS *FAMILY MEMBER*
SUFFIX MUST BE

01-19	CHILDREN
30-39	SPOUSE

1-090-09R IF SPONSOR BRANCH OF
SERVICE   C   CHAMPVA

DEERS *FAMILY MEMBER*
SUFFIX MUST BE

01-19	CHILDREN
30-39	SPOUSE
60-69	OTHER ELIGIBLE *FAMILY MEMBERS*
70-75	UNKNOWN

1-090-10R IF PATIENT DATE OF BIRTH INDICATES AGE[1] > 2 YEARS

DEERS *FAMILY MEMBER* SUFFIX MUST NOT = '70' - '74' (UNKNOWN) **UNLESS** TYPE OF SUBMISSION = 'D' (COMPLETE CONTRACTOR DENIAL).

[1] *PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT ANY TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.*

Element Name: **Patient Sex (1-095)**

Validity Edits

1-095-01   MUST BE 'M' <u>OR</u> 'F'

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
	[1]ADMISSION DIAGNOSIS		
1-315-04R	PRINCIPAL TREATMENT DIAGNOSIS		
1-320-04R, 1-325-04R, 1-330-04R, AND 1-335-04R	SECONDARY TREATMENT DIAGNOSIS		
1-340-06R	PRINCIPAL OP/NSP CODE		OVERRIDE CODE
1-345-06R AND 1-350-06R	SECONDARY OP/NSP CODE		OVERRIDE CODE
1-365-06R	REVENUE CODE		

[1] *EDIT NOT PERFORMED (ADMISSION DIAGNOSIS). USE ICD-9-CM TAPE FOR TREATMENT DIAGNOSIS AND OP/NSP ONLY.*